

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED.
SECRETARY OF STATE

14 OCT 27 PM 2:57

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SABRIN FOR SENATE 2014

ADDRESS (number and street)

109 MERCER ST

Check if different
than previously
reported. (ACC)

HIGHTSTOWN

NJ

08520

2. FEC IDENTIFICATION NUMBER ▼

C C00557447

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

NJ

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

M M

Y Y

in the
State of

Election on

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

M M D

Y Y

in the
State of

Election on

5. Covering Period M M D D Y Y through M M D D Y Y Y Y
07 01 2014 09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Neil Schloss CPA

Signature of Treasurer Neil Schloss CPA

Date

M M
10 14D D
14Y Y
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)